



ARIZONA STATE RETIREMENT SYSTEM (ASRS) BENEFICIARY FORM

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS - Records Management
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SECTION 1 - Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)	Date of Birth (MM/DD/YYYY)
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SECTION 2 - Designated Primary Beneficiary

NOTE: You must indicate a Social Security number or Tax ID number for the primary beneficiary designated. **Failure to provide the SSN will result in a delayed processing time. If estate, organization or trust, you must provide a TIN.**

- The total percent of benefit for PRIMARY beneficiary(ies) listed must equal 100%.

<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Primary Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust	Contingent Annuitant for Optional Premium Benefit Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
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Mailing Address

City	State	ZIP	Percent of Benefit %
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SECTION 3 - Additional Primary and Secondary Beneficiaries

(If you choose the Joint & Survivor Option when completing your Retirement Application, you may NOT choose more than one Primary beneficiary.)

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
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<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust
--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
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Mailing Address

City	State	ZIP	Percent of Benefit %
------	-------	-----	-------------------------

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
----------------------------------	------------------------------------

<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust
--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
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Mailing Address

City	State	ZIP	Percent of Benefit %
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IF MORE THAN ONE BENEFICIARY, ENTER TOTAL NUMBER OF BENEFICIARIES HERE AND COMPLETE THE INFORMATION ON THE NEXT PAGE

Member Signature

Date

